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Fill in this information to identify your c		
United States Bankruptcy Court for the:  NORTHERN DISTRICT OF ILLINOIS		
Case number (if known):	Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13	Check if this is an amended filing

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your fu	ull name		
governi identific	ne name that is on your ment-issued picture cation (for example, iver's license or	Annie First Name C	First Name
passpo		Middle Name	Middle Name
		Johnson	
identific	our picture cation to your meeting	Last Name	Last Name
with the	e trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All oth	er names you		
have u years	nave used in the last 8 years	First Name	First Name
	your married or	Middle Name	Middle Name
maiden	names.	Last Name	Last Name
•	ne last 4 digits of	xxx - xx - 6 3 6 7	xxx - xx
numbe	ocial Security r or federal ual Taxpayer	OR	OR
	cation number	9xx - xx	9xx - xx

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Del	btor 1	Annie First Name	C Middle Name	<b>Johnson</b> Last Name	Case	e number (if known)	
			About	Debtor 1:		About Debtor 2 (S	Spouse Only in a Joint Case):
4.	and En	y business names d Employer	<b>☑</b> Ir	nave not used any business names or E	EINs.	☐ I have not use	ed any business names or EINs.
	(EIN) y	cation Numbers ou have used in t 8 years	Busines	s name	<del></del> ;	Business name	
	Include	trade names and	Busines	s name		Business name	
	doing b	ng business as names	Busines	s name		Business name	
			EIN	- <sup>-</sup>			
			EIN		_ ;	EIN	
5.	Where	you live				If Debtor 2 lives a	t a different address:
				Double Eagle Dr. #322			
			Number	Street		Number Street	
			Wood	ridge IL 60517			_
			City	State ZIP Code		City	State ZIP Code
			DuPag	ge			
			County		,	County	
			the one court w	mailing address is different from e above, fill it in here. Note that the fill send any notices to you at this address.	,	from yours, fill it i	ng address is different in here. Note that the court es to you at this mailing
			Number	Street	<del></del> ;	Number Street	
			P.O. Bo	x	<del>-</del> i	P.O. Box	
			City	State ZIP Code		City	State ZIP Code
6.		ou are choosing strict to file for	Check	one:		Check one:	
	bankru		pe	ver the last 180 days before filing this etition, I have lived in this district longer an in any other district.			180 days before filing this e lived in this district longer her district.
				nave another reason. Explain. see 28 U.S.C. § 1408.)		I have anothe (See 28 U.S.0	r reason. Explain. C. § 1408.)
Р	art 2:	Tell the Court	About You	ır Bankruptcy Case			
7.	Bankru	apter of the uptcy Code you		ne: (For a brief description of each, see ruptcy (Form 2010)). Also, go to the top			
	are cho under	oosing to file	☐ Cha	apter 7			
			☐ Cha	apter 11			
			☐ Cha	apter 12			
			<b>☑</b> Cha	apter 13			

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Deb	otor 1 Annie	С	Johnson	Case number (if know	n)			
	First Name	Middle Name	Last Name		,			
8.	How you will pay the	cour pay	I pay the entire fee when I file ment for more details about how you newith cash, cashier's check, or more life, your attorney may pay with a content of the cash.	may pay. Typically, if you are ney order. If your attorney is s	paying the fee you submitting your pay	ırself, you may		
		لــــــا	I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).					
		By la than fee i	uest that my fee be waived (Yoaw, a judge may, but is not require 150% of the official poverty line to installments). If you choose this gree Waived (Official Form 1038)	ed to, waive your fee, and may that applies to your family size s option, you must fill out the	do so only if your and you are unab	income is less le to pay the		
9.	Have you filed for	□ No						
	bankruptcy within the last 8 years?	<b>e</b> ☑ Yes.						
		District N	ID III, discharged	When <u>05/28/2013</u> MM / DD / YY		13-22335-ch. 7		
		District N	ID III, dismissed	When 10/17/2011		11-42106-Ch. 1		
		District N	ID III, discmissed	When 12/17/2018		15-42550 Ch.1		
10.	Are any bankruptcy	☑ No						
	cases pending or bei	<b>–</b> 7/						
	not filing this case w	Dentor		Relatio	nship to you			
	partner, or by an affiliate?	District _		When MM / DD / YY	Case number	,		
		Debtor _		Relatio	nship to you			
		District _			Case number	·,		
11.	Do you rent your residence?	✓ No. ☐ Yes.	Go to line 12.  Has your landlord obtained an residence?	eviction judgment against you	and do you want t	to stay in your		
			No. Go to line 12.  Yes. Fill out Initial Statem	nent About an Eviction Judgmo	ent Against You (F	form 101A)		

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Deb	tor 1	Annie	С		Johnson	Case number (if kr	nown)		
		First Name	Middle N		Last Name				
Pa	art 3:	Report About A	Any Bu	ısine	sses You Own as	a Sole Proprietor			
12.	•	u a sole proprietor full- or part-time ss?			Go to Part 4. Name and location of b	pusiness			
	busines individu	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any				
	a corpo				Number Street				
	sole pro	ave more than one oprietorship, use a e sheet and attach it			City		tate	ZIP Cod	de
	to this p				Health Care Busi	ness (as defined in 11 U.S.C. § 10 ll Estate (as defined in 11 U.S.C. § defined in 11 U.S.C. § effined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101(6) er	101(51B))		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business		can mos	<i>set ap</i> st rece	propriate deadlines. If nt balance sheet, staten	the court must know whether you a you indicate that you are a small but nent of operations, cash-flow stater of exist, follow the procedure in 11	usiness deb ment, and fe	otor, you i ederal inc	must attach your come tax return
	debtor	debtor?		No.	I am not filing under C	hapter 11.			
		For a definition of small business debtor, see 11 U.S.C. § 101(51D).		No.	I am filing under Chap the Bankruptcy Code.	ter 11, but I am NOT a small busine	ess debtor a	accordino	g to the definition in
				Yes.	I am filing under Chap Bankruptcy Code.	ter 11 and I am a small business d	ebtor accord	ding to th	ne definition in the
Pa	art 4:	Report If You (	Own o	r Hav	e Any Hazardous I	Property or Any Property T	hat Need	ls Imm	ediate Attention
14.	propert alleged immine	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or		No Yes.	What is the hazard?				
	safety?	Or do you own operty that needs tate attention?			If immediate attention	is needed, why is it needed?			
	perisha livestoc	mple, do you own ble goods, or k that must be fed, or ng that needs urgent			Where is the property	? Number Street			
	repairs?	?							
						City	S	State	ZIP Code

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Debtor 1 Annie C Johnson Case number (if known) Last Name Last Name

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

15. Tell the court whether you have received briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:
✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
☐ I received a briefing from an approved credit

a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan if any

counseling agency within the 180 days before I

filed this bankruptcy petition, but I do not have

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days

for cause and is	limited to a maximum of 15 days.
☐ I am not require credit counselin	d to receive a briefing about ng because of:
☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a

reasonably tried to do so.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:
☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:								
☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.							
☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.							

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Active duty. I am currently on active military

duty in a military combat zone.

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Deb	otor 1	Annie	С	Johnson		Case number (if	know	n)		
		First Name	Middle N	ame Last Name						
P	art 6:	Answer These	Quest	ions for Reporting P	urpos	ses				
16.	What ki	ind of debts do you	16a	as "incurred by an indivi						
			16b	•	invest	iness debts? Business deb iment or through the operation		e debts that you incurred to obtain e business or investment.		
			16c	State the type of debts y	ou ow	e that are not consumer or bu	sines	s debts.		
17.	Are you Chapte	u filing under r 7?	V	No. I am not filing under	er Chap	oter 7. Go to line 18.				
	any exe	estimate that after empt property is			•	•	-	xempt property is excluded and to distribute to unsecured creditors?		
	exclude adminis	ed and strative expenses		☐ No						
	availab	d that funds will be le for distribution ecured creditors?		Yes						
18.		any creditors do timate that you		1-49 50-99 100-199		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000		
19.		uch do you te your assets to th?		200-999 \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20.		uch do you te your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		

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Debtor 1	Annie First Name	C Middle Name	Johnson Last Name	Case number (if known)			
Part 7:	Sign Below	Middle Name	Last Name				
For you		I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to					
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.					
			e C Johnson ohnson, Debtor 1	X Signature of Debtor 2			
		Executed	on 11/01/2016 MM / DD / YYYY	Executed on MM / DD / YYYY			

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Debtor 1	Annie	С	Johnson	Case number (if kno	wn)
	First Name	Middle Name	Last Name		,
represente	attorney, if you are ed by one not represented by ey, you do not need page.	eligibility to p relief availab the debtor(s)	proceed under Chapter 7, 1 le under each chapter for v the notice required by 11 t	which the person is eligible. I al U.S.C. § 342(b) and, in a case in	tates Code, and have explained the so certify that I have delivered to
			ert J. Adams & Associa of Attorney for Debtor	tes Date	e 11/01/2016 MM / DD / YYYY
		Robert .	J. Adams & Associates	•	
		Printed na			
			J. Adams & Associates	3	
		Firm Nam			
		901 W. J Number	Jackson, Suite 202 Street		
		Number	Sileet		
		Chicago	)	IL	60607
		City		State	ZIP Code
		Contact p	phone (312) 346-0100	Email address	
		0013056	5		
		Bar numb	per	State	<del></del>

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Ē	ill in this inforn	nation to identify	your case:					
	Debtor 1	Annie	С		Johnson			
		First Name	Middle N	lame	Last Name	•		
I	Debtor 2	First Name	Middle	lama	L oot Nom			
	(Spouse, if filing)	First Name	Middle N		Last Nam			
	Case number	nkruptcy Court for th	e. <u>NORTHER</u>	N DISTRICT	OF ILLINOI	<u> </u>		<b>.</b>
	(if known)							Check if this is an amended filing
<u>O</u> 1	fficial Form 10	03A						
A	oplication for	r Individuals to	Pay the	Filing Fee	in Instal	Iments		12/15
	as complete and pplying correct in	d accurate as poss nformation.	ible. If two m	arried people	are filing to	ogether, both are e	equally respo	nsible for
P	art 1: Speci	fy Your Proposed	l Payment T	imetable				
1.	•	of the Bankruptcy	Code are	☐ Chapte				
	you choosing t	to file under?		☐ Chapte				
				☐ Chapte				
2.	You may apply	to pay the filing fe	e in un to					
		nts. Fill in the amou		You propo	se to pay			
		and the dates you						
		sure all dates are b d the payments yo		\$310	.00	✓ On or before t	his date	
	to pay.	a the payments you	и ргорозе			On or before this d	ate	MM / DD / YYYY
	You must propo	se to pay the entire	fee no			On or before this d	atc	MM / DD / YYYY
	later than 120 days after you file this					On or before this d	ate	
	bankruptcy case. If the court approves your application, the court will set your final						MM / DD / YYYY	
	payment timetal	•	aı	+		On or before this d	ate	
	. ,							MM / DD / YYYY
			Total	\$310	.00	< Your total must chapter you check	-	ire fee for the
						chapter you check	ed in line 1.	
P	art 2: Sign B	Below						
Вν	signing here, yo	ou state that you ar	e unable to p	ay the full filir	ng fee at on	ce, that you want t	o pay the fee	in installments,
	d that you under		•	•	ŭ	, <b>,</b>	. ,	•
•	Value must nav	vous optise filing too	hafara yay m	aka anu mara r	a a manta an	transfor any mara	aranartı ta an	attarnav
		your entire filing fee tition preparer, or an						attorney,
•		the entire fee no late						tonds your
		r debts will not be di				ikiupicy, uniess ine	Court later ex	iterius your
•		nake any payment w oceedings may be at		our bankruptc	y case may	be dismissed, and y	our rights in o	other
Х	/s/ Annie C Joh	nnson	X			X /s/ R	obert J. Adar	ns & Associates
_	nnie C Johnson, I		Signatu	re of Debtor 2		Robert	J. Adams & A	Associates
						Your atte you use	•	and signature, if
D	eate: 11/01/2016		Date:			Date: <b>1</b> 1	1/01/2016	
_	MM / DD / Y	YYY	_	IM / DD / YYYY	<del>/</del>		M / DD / YYY	<del></del>

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Debtor 1	Annie	С	Johnson	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court fo	r the: NORTHERN DISTRIC	T OF ILLINOIS	
Case number				
(if known)				
Chapter filing und	der:		Chapter 7	
			☐ Chapter 11 ☐ Chapter 12	
			☐ Chapter 13	
Oraer Approv	ing Payment	t of Filing Fee in Inst	allments	
After considering the	Application for l	ndividuals to Day the Filips F	oo in Installments (Official Form 102A)	the court orders that:
_		-	ee in Installments (Official Form 103A),	the court orders that:
The debtor(s) n	nay pay the filing f	fee in installments on the tern	ns proposed in the application.	
The debtor(s) n	nust pay the filing	fee according to the following	terms:	
You	u must pay	On or before this date	<u></u>	
		Month / day / year		
_		Month / day / year		
_				
_		Month / day / year  Month / day / year		
		Month / day / year		
- - + _		Month / day / year  Month / day / year		
- - + 		Month / day / year		
+		Month / day / year  Month / day / year		
		Month / day / year  Month / day / year  Month / day / year		
 Until the filing fee is		Month / day / year  Month / day / year  Month / day / year  ebtor(s) must not make any a	dditional payment or transfer any additi	onal property to an
 Until the filing fee is		Month / day / year  Month / day / year  Month / day / year		onal property to an
 Until the filing fee is		Month / day / year  Month / day / year  Month / day / year  ebtor(s) must not make any a		onal property to an
 Until the filing fee is		Month / day / year  Month / day / year  Month / day / year  ebtor(s) must not make any a		onal property to an

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F	ill in this info	ormation to i	dentify your cas	se and this filing:		
	ebtor 1	Annie	С	Johnson		
		First Name	Middle Name	Last Name		
	ebtor 2 spouse, if filing)	First Name	Middle Name	Last Name		
Uı	nited States Bar	nkruptcy Court fo	r the: <b>NORTHERN</b>	DISTRICT OF ILLINOIS		
	ase number	, ,			□ Observe	
	known)				<b>—</b>	if this is an ed filing
Of	ficial Form	106A/B				
		B: Property	y			12/15
filin she	g together, bot et to this form.	th are equally re On the top of a	esponsible for suppl any additional pages	Be as complete and accurate as plying correct information. If more s, write your name and case numb	space is needed, attach a per (if known). Answer eve	separate ry question.
1.	☑ No. Go to			est in any residence, building, land	l, or similar property?	
2.		-	-	III of your entries from Part 1, inclu Write that number here		\$0.00
Р	art 2: Des	scribe Your V	'ehicles			
	-		•	t in any vehicles, whether they are e, also report it on Schedule G: Exec	_	•
3.	Cars, vans, tr	ucks, tractors, s	sport utility vehicles	s, motorcycles		
	□ No ☑ Yes					
3.1.		Dodas	<b>Who ha</b> Check o	s an interest in the property?	Do not deduct secured clai amount of any secured cla	
Mak		Dodge Caliber		otor 1 only	Creditors Who Have Claim	
Yea		2010	Deb	otor 2 only	Current value of the	Current value of the
	oroximate mileaç		_	otor 1 and Debtor 2 only east one of the debtors and another	entire property? \$16,000.00	portion you own? \$16,000.00
Oth	er information:	-			<u> </u>	Ψ10,000.00
201	0 Dodge Cali	ber		eck if this is community property e instructions)		
4.			mes, ATVs and othe	er recreational vehicles, other veh raft, fishing vessels, snowmobiles, m		
	✓ No ☐ Yes				·	
5.		-	-	nll of your entries from Part 2, inclu		\$16,000.00

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Deb	tor 1	Annie First Name	C Middle Name	<b>Johnson</b> Last Name	Case number (if known)	
P	art 3:	Describe \	our Personal a	nd Household Items		
Do <u>y</u>	you own	or have any le	gal or equitable into	erest in any of the following	items?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
6.		old goods and es: Major applia		ns, china, kitchenware		
	ш	. Describe	Three rooms of fo	urniture of various ages		\$250.00
7.	Electro Example	es: Televisions		ideo, stereo, and digital equipr vices including cell phones, ca	ment; computers, printers, scanners; meras, media players, games	
	✓ No ☐ Yes	. Describe				
8.		•		s, prints, or other artwork; book llections; other collections, me	ks, pictures, or other art objects; emorabilia, collectibles	
	✓ No ☐ Yes	. Describe				
9.			tographic, exercise,	and other hobby equipment; bi	icycles, pool tables, golf clubs, skis;	
	✓ No ☐ Yes	. Describe				
10.	Firearm Example		s, shotguns, ammun	ition, and related equipment		
	✓ No ☐ Yes	. Describe	-			
11.	Clothes Example		othes, furs, leather o	coats, designer wear, shoes, a	ccessories	
	☐ No ☑ Yes	. Describe	Clothing			\$100.00
12.	Jewelry Example		welry, costume jewe	lry, engagement rings, weddin	g rings, heirloom jewelry, watches, gems,	
	✓ No ☐ Yes	. Describe				
13.		m animals es: Dogs, cats,	birds, horses			
	✓ No ☐ Yes	. Describe				
14.	Any oth	-	nd household items	you did not already list, incl	uding any health aids you	
		. Give specific				
15.			f all of your entries	from Part 3, including any e	ntries for pages you have	\$350.00

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Deb	tor 1	Annie First Name	C Middle Name	Johnson Last Name	Case number (if known)	
Р	art 4:		our Financial As	sets		
Do	you own	or have any le	gal or equitable intere	est in any of the following	?	Current value of the portion you own?  Do not deduct secured claims or exemptions.
16.	Cash Exampl	es: Money you l petition	nave in your wallet, in y	our home, in a safe depos	it box, and on hand when you file your	
	□ No ☑ Yes	3			Cash:	\$150.00
			ouses, and other simila		deposit; shares in credit unions, multiple accounts with the same	
	□ No ☑ Yes	3	Institutio	on name:		
	17	.1. Checking	account: U.S. B	ank		\$70.00
18.	Exampl ✓ No	es: Bond funds,	or publicly traded sto investment accounts	with brokerage firms, mone	ey market accounts	
19.	Non-pu	blicly traded st		ncorporated and unincor	porated businesses, including	
	✓ No ☐ Yes	s. Give specific ormation about		voltare	% of ownership:	
20.	Negotia	ble instruments	include personal check		otiable instruments ssory notes, and money orders. signing or delivering them.	
	info	s. Give specific rmation about m	Issuer name:			
21.		nent or pension es: Interests in profit-sharin	IRA, ERISA, Keogh, 40	01(k), 403(b), thrift savings	accounts, or other pension or	
		s. List each ount separately.	Type of account:	Institution name:		
22.	Your sh Exampl		d deposits you have m	, ,	ue service or use from a company ric, gas, water), telecommunications	
	✓ No	S		Institution name or individ	ual:	
23.	Annuiti No	es (A contract f		ayment of money to you, e	either for life or for a number of years)	
24.	Interes	ts in an educati		in a qualified ABLE prog	gram, or under a qualified state tuition p	orogram.
	✓ No	3	Institution name a	nd description. Separately	r file the records of any interests. 11 U.S.	C. § 521(c)

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Deb	tor 1	Annie First Name	C Middle Name	Johnson Last Name	Case number (if kno	wn)		
25.		, equitable or futu s exercisable for y		perty (other than anythin	g listed in line 1), and rights or			
		s. Give specific promation about the	n					
26.				rets, and other intellector	ual property; and licensing agreements			
		s. Give specific promation about the	m					
27.			d other general int		on holdings, liquor licenses, profe	ssional licens	ses	
		s. Give specific ormation about the	m					
Моі	ney or p	roperty owed to y	ou?				Current value of portion you ow Do not deduct so claims or exemp	n? ecured
28.	Tax ref	funds owed to yoเ	ı					
	✓ No	s. Give specific inf	ormation			Federal	:	\$0.00
	abo	out them, including	whether			State:	·	\$0.00
	•	ualready filed the rid the tax years				Local:		\$0.00
29.	Family	support						·
	Examp	les: Past due or lu	mp sum alimony, sp	oousal support, child supp	ort, maintenance, divorce settlem	ent, property	settlement	
	✓ No ☐ Yes	s. Give specific inf	ormation		Alimon	y:		\$0.00
	_				Mainte	nance:		\$0.00
					Suppo	rt:		\$0.00
					Divorce	e settlement:		\$0.00
					Proper	ty settlement	::	\$0.00
30.			, disability insuranc	e payments, disability ber nefits; unpaid loans you n	nefits, sick pay, vacation pay, wor nade to someone else	kers'		
	✓ No ☐ Yes	s. Give specific inf	ormation					
31.	Examp			e; health savings account	(HSA); credit, homeowner's, or re	nter's insurar	nce	
	cor	s. Name the insura mpany of each polid d list its value	СУ	ame:	Beneficiary:	Su	rrender or refund	l value:
32.	If you a	re the beneficiary	-	•	ed isurance policy, or are currently			
	✓ No ☐ Yes	s. Give specific inf	ormation					

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Debt		<b>Annie</b> First Name	C Middle Name	<b>Johnson</b> Last Name	Case number (if known)	
33.				ot you have filed a lawsuit insurance claims, or rights	or made a demand for payment to sue	
	✓ No ☐ Yes	Describe each clair	n			
34.		ontingent and unliques set off claims	uidated claims	of every nature, including	counterclaims of the debtor and	
	✓ No ☐ Yes.	Describe each clair	n			
35.	Any fina	ıncial assets you di	d not already li	st		
	✓ No ☐ Yes.	Give specific inform	nation			
36.					entries for pages you have	\$220.00
Pa	art 5: [	Describe Any Bu	ısiness-Rela	ted Property You Ow	n or Have an Interest In. List any	real estate in Part 1.
37.	Do you	own or have any lec	gal or equitable	interest in any business-r	related property?	
		Go to Part 6. Go to line 38.				
						Current value of the portion you own?  Do not deduct secured claims or exemptions.
38.	Accoun	ts receivable or con	nmissions you	already earned		ciains of exemptions.
	✓ No ☐ Yes.	Describe				
39.		quipment, furnishin es: Business-related desks, chairs, ele	computers, soft		oiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes.	Describe				
40.	Machine	ery, fixtures, equipn	nent, supplies y	ou use in business, and to	ools of your trade	
	✓ No ☐ Yes	Describe				
41.	Invento	ту				
	✓ No ☐ Yes.	Describe				
42.	Interest	s in partnerships or	joint ventures			
	✓ No ☐ Yes	Describe Name	e of entity:		% of ownership:	
43.	Custom	er lists, mailing lists	s, or other com	pilations		
	✓ No ☐ Yes	Do your lists inclu No Yes. Describe		identifiable information (a	s defined in 11 U.S.C. § 101(41A))?	

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Deb	tor 1	Annie First Name	C Middle Name	Johnson Last Name	Case number (if known)	
44.	Any b	usiness-related	property you did not	already list		
	✓ No	es. Give specific	; information.			
45.					entries for pages you have	\$0.00
Pa	art 6:			nmercial Fishing-Rela farmland, list it in Part	ted Property You Own or Have a 1.	n Interest In.
46.	Do yo	u own or have a	any legal or equitable	interest in any farm- or co	mmercial fishing-related property?	
		o. Go to Part 7. es. Go to line 47				
						Current value of the portion you own? Do not deduct secured claims or exemptions.
47.		animals bles: Livestock, i	poultry, farm-raised fish	1		
	✓ No	)	, ,			
48.	Crops	either growing	g or harvested			
		o es. Give specific formation				
49.	Farm a	and fishing equi	ipment, implements, r	machinery, fixtures, and to	ools of trade	
	✓ No					
50.	Farm a	and fishing sup	plies, chemicals, and	feed		
	✓ No					
51.	Any fa	rm- and comme	ercial fishing-related p	property you did not alread	dy list	
	_	o es. Give specific formation				
52.				rom Part 6, including any e		\$0.00
Pa	art 7:	Describe Al	l Property You Ow	vn or Have an Interes	t in That You Did Not List Above	
53.	•	•	operty of any kind you kets, country club mem	•		
	✓ No	o es. Give specific	; information.			
54	V qq th	o dollar value c	of all of your entries fr	om Part 7 Write that num	shor here	\$0.00

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Debtor 1	Annie	С	Johnson	Case nu	umber (if known) _			
	First Name	Middle Name	Last Name					
Part 8:	List the Tota	ls of Each Part of	this Form					
55. Part	1: Total real estate	e, line 2				→		\$0.00
56. Part	2: Total vehicles,	line 5		\$16,000.00				
57. Part	3: Total personal	and household items,	line 15	\$350.00				
58. Part	4: Total financial a	assets, line 36		\$220.00				
59. Part	5: Total business-	-related property, line	45	\$0.00				
60. Part	6: Total farm- and	fishing-related prope	rty, line 52	\$0.00				
61. Part	7: Total other pro	perty not listed, line 5	4	+\$0.00				
62. Total	personal propert	y. Add lines 56 throu	gh 61	\$16,570.00	Copy personal property total	<b>&gt;</b> ·	+	\$16,570.00
63. Total	of all property on	n Schedule A/B. Add	d line 55 + line 62					\$16,570.00

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Fill in this inf	ormation to i	dentify your (				
Debtor 1	Annie First Name	C Middle Name	Johnson			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	e Last Name			
		r the: NORTHE	RN DISTRICT OF I	LLIN	ois	☐ Check if this is an
Case number (if known)						amended filing
Official Form	106C					
Schedule C:	The Prope	erty You Cl	aim as Exemp	ot		04/16
Using the property space is needed, fi write your name an	you listed on Sc. Il out and attach d case number (	hedule A/B: Prope to this page as m f known).	erty (Official Form 100 any copies of Part 2	6A/B) 2: Add	as your source, list th ditional Page as nece	esponsible for supplying correct information. e property that you claim as exempt. If more ssary. On the top of any additional pages,
is to state a specific exempted up to the receive certain be exemption of 100%	fic dollar amour te amount of any nefits, and tax-e % of fair market	nt as exempt. Alt y applicable stat exempt retiremer value under a la	ternatively, you may utory limit. Some ex nt fundsmay be unl w that limits the exe	clair cemp imite mpti	n the full fair market tionssuch as those d in dollar amount.	you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an ar amount and the value of the le statutory amount.
Part 1: Ide	ntify the Pro	perty You Cla	im as Exempt			
1. Which set of	exemptions are	you claiming?	Check one only,	even	if your spouse is filing	with you.
لكا	•		kruptcy exemptions. J.S.C. § 522(b)(2)	11 U.	S.C. § 522(b)(3)	
2. For any prop	erty you list on	Schedule A/B th	at you claim as exer	npt, f	ill in the information	below.
Brief description of Schedule A/B that			Current value of Amount of the		ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		ck only one box for h exemption	
Brief description:			\$16,000.00	$\overline{\mathbf{Q}}$	\$0.00	735 ILCS 5/12-1001(c)
2010 Dodge Cali	iber (approx. 3	8000 miles)			100% of fair market	( )
Line from Schedule	e A/B: <b>3.1</b>				value, up to any applicable statutory limit	
Brief description:			\$250.00	$\overline{\checkmark}$	\$250.00	735 ILCS 5/12-1001(b)
Three rooms of Line from Schedule		rious ages			100% of fair market value, up to any applicable statutory limit	
(Subject to ad	justment on 4/01	/19 and every 3 y		es fil	ed on or after the date 215 days before you fi	
Yes. Did		property covered	by the exemption wit	hin 1	215 days before you f	iled this case?

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Debtor 1	Annie	С	Johnson	Case number (if known)				
Part 2:	First Name  Additional	Middle Name Page	Last Name					
Brief description of the property and line on Schedule A/B that lists this property			Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption			
			Copy the value from Schedule A/B	Check only one box for each exemption				
Brief descr Clothing Line from S	•	11	\$100.00	\$100.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a), (e)			
Brief descr Cash	iption:		\$150.00	\$150.00 100% of fair market	735 ILCS 5/12-1001(b)			
Line from S	Schedule A/B:	16		value, up to any applicable statutory limit				
Brief descr U.S. Bank	•		\$70.00	<b>▼ \$70.00</b> 100% of fair market	735 ILCS 5/12-1001(b)			
Line from S	Schedule A/B:1	7.1		value, up to any applicable statutory limit				

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Ellio delo los						
	ormation to identi		Laborator			
Debtor 1		Middle Name	Johnson Last Name			
Debtor 2 (Spouse, if filing)	First Name	/liddle Name	Last Name			
United States Bar	nkruptcy Court for the:	NORTHERN DIS	STRICT OF ILLINOIS	S		
Case number	-				Charle if this is	
(if known)					Check if this is amended filing	
Official Form	106D					
Schedule D:	Creditors Who	Have Clai	ms Secured by	Property		12/15
correct informatio On the top of any  1. Do any credit  No. Che	nd accurate as possible in. If more space is not additional pages, write fors have claims secured this box and submitted in all of the information the All Secured Claims.	eded, copy the Asyour name and red by your proposition to the cobelow.	Additional Page, fill it of case number (if known erty?	out, number the entri	es, and attach it to thi	s form.
Part II LIS	t All Secured Clair	IIS				
claim, list the creditor has a	ed claims. If a creditor creditor separately for e particular claim, list the ible, list the claims in al e.	ach claim. If mor other creditors in	e than one Part 2. As	Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the p	• •	\$17,379.00	\$16,000.00	\$1,379.00
Regional Accept Creditor's name 1424 E. East Fire Number Street		– 2010 Dodge				
			you file, the claim is:	Check all that apply.		
Greenville	NC 27858	Contingen				
City	State ZIP Code	_	eu			
Who owes the deb	ot? Check one.	Nature of lien.	Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only		_	nent you made (such as		car loan)	
Debtor 1 and D	ebtor 2 only	_	en (such as tax lien, m lien from a lawsuit	echanic's lien)		
At least one of	the debtors and anothe	r 🗀 🗼	uding a right to offset)			
Check if this c		Car Ioan				
Date debt was inc	urred	Last 4 digits o	f account number			
co-signer is mai	n user and payer fo	r car				
					1	
Add the dollar value	ue of your entries in C	olumn A on this	page. Write	<b></b>		

Official Form 106D

all pages. Write that number here:

that number here:

If this is the last page of your form, add the dollar value totals from

\$17,379.00

\$17,379.00

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				•		
Fill in this inf	ormation to i	dentify your c	ase:			
Debtor 1	Annie First Name	C Middle Name	Johnson Last Name			
	i list ivallie	Wildlie Name	Lastivanie			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
(Opodoc, ii iiiiig)	T ilot Hamo	Wildale Harrie	Edot Namo			
United States Bar	nkruptcy Court for	the: <b>NORTHER</b>	N DISTRICT OF ILLINOIS			
Case number (if known)					Check if this is a amended filing	an
Official Form	106E/F			_		
Schedule E/	F: Creditor	s Who Hav	e Unsecured Claims			12/15
Do not include an If more space is n to this page. On t	y creditors with eeded, copy the he top of any ad	partially secured Part you need, fi ditional pages, w	and on Schedule G: Executory Co claims that are listed in Schedule Ill it out, number the entries in the rrite your name and case number secured Claims	D: Creditors Who H boxes on the left. A	old Claims Secur	ed by Property.
		unsecured clair				
□ No. Go t		diisecurea cian	ns against you:			
Yes.	.0 1 alt 2.					
claim. For ear show both pric more space is	ch claim listed, id ority and nonprior	entify what type o ty amounts. As n ty unsecured clair	creditor has more than one priority of claim it is. If a claim has both prior nuch as possible, list the claims in a ms, fill out the Continuation Page of	ity and nonpriority amo	ounts, list that clair	m here and or's name. If
(For an explar	nation of each typ	e of claim, see the	e instructions for this form in the inst	truction booklet.		
, ,	,,	,		Total claim	Priority amount	Nonpriority amount
2.1				\$402.00	\$402.00	\$0.00
Internal Revenu	e Service		Look 4 digita of account number			
Priority Creditor's Nam <b>PO Box 7346</b>	e		Last 4 digits of account number			
Number Street			When was the debt incurred?	2014		
			As of the date you file, the claim	is: Check all that app	oly.	
			Contingent			
Philadelphia	PA	19101-7346	Unliquidated Disputed			
City Who incurred the	State Chock of	ZIP Code	<b>—</b> .	·!····		
Debtor 1 only	debt? Check of	nie.	Type of PRIORITY unsecured cla  Domestic support obligations	aim:		
Debtor 2 only			Taxes and certain other debts	you owe the governm	ent	
Debtor 1 and D	Debtor 2 only the debtors and a	another	Claims for death or personal in	njury while you were		
느	claim is for a con		intoxicated  Other. Specify			
Is the claim subje		amiy debt	U other. Specify			
✓ No						
Yes						

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Debtor 1	Annie		С	,	Johnson	Case number (if known	)		
	First Name		Middle Name	I	Last Name				
Part 1:	Your PR	IORITY	Unsecured	Clain	ms Continuation Page				
After listing previous p	• •	on this p	age, number th	em se	equentially from the	Total claim	Priority amount	Nonpriority amount	
2.2						\$4,000.00	\$4,000.00	\$0.00	
Robert J Priority Cred	Adams & Ass itor's Name	sociates	5	— La	ast 4 digits of account number				
901 W Jackson, Suite 202 Number Street			When was the debt incurred? <u>12/04/2015</u>						
				_ A	s of the date you file, the claim	is: Check all that app	ly.		
Chicago City		IL State	<b>60607</b> ZIP Code	Contingent Unliquidated Disputed					
Who incur	rred the debt?	Check	one.	Ty	ype of PRIORITY unsecured cl	aim:			
Debtor Debtor At leas Check	r 1 only r 2 only r 1 and Debtor 2 st one of the det c if this claim is m subject to of	otors and for a co			Domestic support obligations Taxes and certain other debts Claims for death or personal i intoxicated Other. Specify Attorney fees for this cas	njury while you were	ent		
Yes									

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Debtor 1	Annie	С	Johnson	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	List All of	Your NONPRIORI	TY Unsecured Claim	S	
2 Do o	mir avaditava baira		. Cuar taniana amiala la		
			ed claims against you?		
		hing to report in this pa	rt. Submit this form to the	court with your other schedules.	
$\overline{\mathbf{A}}$	Yes				
4. List a	all of your nonpri	ority unsecured claim	s in the alphabetical orde	r of the creditor who holds each claim.	
				or separately for each claim. For each claim li	-
• .		•		nan one creditor holds a particular claim, list the	e other creditors in
Part .	3. If more space is	s needed for nonpriority	unsecured claims, fill out	the Continuation Page of Part 2.	
					Total claim
					rotar olami
4.1					\$475.00
ACL			Last 4 digits of accou	nt number	
Nonpriority (	Creditor's Name		When was the debt in	<del></del>	
8901 W. Number	Lincoln Ave Street			e, the claim is: Check all that apply.	
Number	Gucci			, the claim for check an that apply.	
			Unliquidated		
Milwauk	00	WI 53227	Disputed		
City		State ZIP Code	Type of NONPRIORIT	Y unsecured claim:	
		Check one.	Student loans	· unocourou olumn	
<u> </u>	r 1 only			out of a separation agreement or divorce	
<b>=</b> ~	or 2 only or 1 and Debtor 2 o	nlv	that you did not rep	port as priority claims	
_	st one of the debto	•	<b>=</b> ~ ~	r profit-sharing plans, and other similar debts	
ш		or a community debt	Other. Specify		
_	m subject to offse	-	Other		
✓ No	iiii subject to ons				
Yes					
4.2					\$2,917.67
	Cash Loans		Last 4 digits of accou	nt number	
	Creditor's Name Broadway		When was the debt in	curred?	
Number	Street			e, the claim is: Check all that apply.	
			Contingent		
			Unliquidated Disputed		
Chicago		IL 60604			
City Who incu		State ZIP Code Check one.	Type of NONPRIORIT	Y unsecured claim:	
	r 1 only	Check one.	Student loans		
ت ا	r 2 only			out of a separation agreement or divorce	
Debto	r 1 and Debtor 2 o		-	oort as priority claims r profit-sharing plans, and other similar debts	
_	st one of the debto		Other. Specify	From Stating Flatter, and outer communication	
☐ Checl	k if this claim is fo	or a community debt	Payday loan		
Is the clai	im subject to offse	et?			
✓ No					
☐ Yes					

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Debtor 1	Annie	С	Johnson Case number (if known)	
	First Name	Middle Name	Last Name	
Part 2:	Your NO	NPRIORITY Unsec	ured Claims Continuation Page	
After listin		on this page, number th	nem sequentially from the	Total claim
4.3				\$3,000.00
AMITA HI	EALTH		Last 4 digits of account number	
Nonpriority C	reditor's Name		When was the debt incurred?	
PO BOX Number	7001 Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			Unliquidated	
BOLINGE	BROOK	IL 60440	Disputed	
City		State ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt? 1 only	Check one.	Student loans	
لت	2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
□ Debtor	1 and Debtor 2		Debts to pension or profit-sharing plans, and other similar debts	
_		tors and another	Other. Specify	
_		for a community debt	Medical	
	m subject to of	fset?		
✓ No ☐ Yes				
4.4				\$560.00
	Bank Delawa	re	Last 4 digits of account number 2 2 2 6	
Nonpriority C	creditor's Name		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
			Contingent	
			☐ Unliquidated ☐ Disputed	
Wilmingt	on	DE 19801	— — — — — — — — — — — — — — — — — — —	
City Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORITY unsecured claim:	
	1 only	G.1.661K G.1.6.	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor	2 only		that you did not report as priority claims	
	1 and Debtor 2	only otors and another	Debts to pension or profit-sharing plans, and other similar debts	
_			Other. Specify	
	m subject to of	for a community debt	Credit Card	
✓ No	ii subject to oi	361:		
Yes				
1.5				
4.5				\$653.00
	ne Bank Usa Creditor's Name		Last 4 digits of account number 3 3 6 4	
P.O Box	30281		When was the debt incurred?	
Number	Street		As of the date you file, the claim is: Check all that apply.	
Colt Loke	City	LIT 04420	Disputed	
Salt Lake City	City	UT 84130 State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incur	red the debt?	Check one.	Student loans	
Debtor	-		Obligations arising out of a separation agreement or divorce	
ш	· 2 only · 1 and Debtor 2	only	that you did not report as priority claims	
		otors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
<b>—</b>	if this claim is	for a community debt	Other. Specify  Credit Card	
_	m subject to of	fset?		
<b>☑</b> No				
☐ Yes				

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Debtor 1 Annie C	Johnson Case number (if known)	
First Name Middle Na	me Last Name	
Part 2: Your NONPRIORITY U	nsecured Claims Continuation Page	
After listing any entries on this page, nun previous page.	nber them sequentially from the	Total claim
4.6		\$682.00
Capital One Bank Usa	Last 4 digits of account number 4 7 0 2	
Nonpriority Creditor's Name	When was the debt incurred?	
P.O Box 30281 Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	Unliquidated Disputed	
Salt Lake City UT 84130		
City State ZIP Cod Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 2 only	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community	/ debt Credit Card	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.7		\$726.00
Comenity bank/ Romans	Last 4 digits of account number 0 6 1 2	
Nonpriority Creditor's Name P.O.Box 182789	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Columbus, OH 43218-	Contingent	
	Unliquidated Disputed	
27.	<b>-</b>	
City State ZIP Cod Who incurred the debt? Check one.	Type of North Contra unsecured claim.	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
<b>-</b>	Other. Specify	
Check if this claim is for a community ls the claim subject to offset?	debt Credit Card	
No		
Yes		
4.8		*
	Look 4 digital of account growther 0 0 5 0	\$404.00
Comenity Bank/ Womnwth Nonpriority Creditor's Name	Last 4 digits of account number 0 6 5 6	
P.O.Box 182789	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.  Contingent	
	Unliquidated	
Columbus OH 43218	Disputed	
City State ZIP Cod		
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	<ul><li>☐ Debts to pension or profit-sharing plans, and other similar debts</li><li>☐ Other. Specify</li></ul>	
Check if this claim is for a community		
Is the claim subject to offset?		
No No		
☐ Yes		

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C Debtor 1 Annie Johnson Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.9 \$358.00 Comenity Bank/Chadwicks Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 182789 Number As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed Columbus OH 43218-2789 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Charge Account** Is the claim subject to offset? **☑** No Yes П 4.10 \$386.00 Last 4 digits of account number Comenity/Jessica London Nonpriority Creditor's Name When was the debt incurred? P.O.Box 659728 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed San Antonio 78265 TX City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit Card Is the claim subject to offset? **☑** No Yes 4.11 \$380.00 **Credit One Bank** Last 4 digits of account number 2 3 2 3 Nonpriority Creditor's Name When was the debt incurred? PO Box 98872 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Las Vegas NV 89193 City 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No Yes

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C Debtor 1 Annie Johnson Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.12 \$2.938.07 **Dupage Medical Group** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 135 S. LaSalle, Dept. 1860 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed 60674 IL Chicago ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Medical Is the claim subject to offset? **☑** No Yes П 4.13 \$457.00 First Premier Bank Last 4 digits of account number 7 3 3 2 Nonpriority Creditor's Name When was the debt incurred? P.O.Box 5519 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Sioux Falls SD 57117-5519 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit Card Is the claim subject to offset? **☑** No Yes 4.14 \$220.00 **Harris & Harris** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 222 Merchandise Mart Plaza, ste. 1900 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Chicago IL 60654 State **ZIP Code** Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Attorney for -Village of Dupage Is the claim subject to offset? No Yes

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Debtor 1	Annie	C		Johnson Case number (if known)	
	First Name	Middle	Name	Last Name	
Part 2:	Your NO	NPRIORITY	Unsecure	d Claims Continuation Page	
After listin	• •	on this page, n	umber them	sequentially from the	Total claim
4.15					\$949.00
	inance Corp.			Last 4 digits of account number	
	reditor's Name  Cnoxville Ave			When was the debt incurred?	
Number	Street			As of the date you file, the claim is: Check all that apply.	
				Contingent	
				☐ Unliquidated ☐ Disputed	
Peoria		IL 616		<b>-</b> .	
City Who incur	red the debt?	State ZIP C Check one.	ode.	Type of NONPRIORITY unsecured claim:	
<b>☑</b> Debtor	1 only			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
☐ Debtor	2 only			that you did not report as priority claims	
ш	1 and Debtor 2 t one of the deb	•	or	☐ Debts to pension or profit-sharing plans, and other similar debts	
느		_		Other. Specify	
ш	if this claim is		iity debt	Other	
✓ No	n subject to of	1561:			
Yes					
4.16					\$0.00
Hinsdale Nonpriority C	Hospital reditor's Name			Last 4 digits of account number	
120 N. Oa				When was the debt incurred?	
Number	Street			As of the date you file, the claim is: Check all that apply.	
				☐ Contingent ☐ Unliquidated	
				Disputed	
Hinsdale City		IL 605		Type of NONDRIORITY uncessured eleims	
,	red the debt?	Check one.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Type of NONPRIORITY unsecured claim:  Student loans	
<b>☑</b> Debtor				Obligations arising out of a separation agreement or divorce	
ш	· 2 only · 1 and Debtor 2	only		that you did not report as priority claims	
	t one of the deb		er	Debts to pension or profit-sharing plans, and other similar debts	
—	if this claim is	_		✓ Other. Specify  Medical	
Ls the clair	n subject to of	fset?			
<b>☑</b> No	-				
☐ Yes					
4.17					\$688.00
	epartment of	Revenue		Last 4 digits of account number	
PO Box 1	reditor's Name			When was the debt incurred? 2010	
Number	Street			As of the date you file, the claim is: Check all that apply.	
				Contingent	
				☐ Unliquidated ☐ Disputed	
Springfie	ld		94-9025		
City Who incur	red the debt?	State ZIP C Check one.	Joue	Type of NONPRIORITY unsecured claim:	
<b>☑</b> Debtor				Student loans  Obligations arising out of a separation agreement or divorce	
Debtor	2 only			that you did not report as priority claims	
<b>-</b>	1 and Debtor 2 t one of the deb	•	er	Debts to pension or profit-sharing plans, and other similar debts	
_	if this claim is			✓ Other. Specify  Taxes	
<del>_</del>	n subject to of	_	-,	IGAGO	
✓ No	22.2,000 10 01	·			
☐ Yes					

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C Debtor 1 Annie Johnson Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.18 \$300.00 Lend Up Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 237 Kearnu St 372 As of the date you file, the claim is: Check all that apply. ☐ Contingent Unliquidated Disputed San Francisco CA 94108 ZIP Code City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Payday loan Is the claim subject to offset? **☑** No Yes П 4.19 \$751.00 Last 4 digits of account number **Mabt Contfin** 0 6 4 1 Nonpriority Creditor's Name When was the debt incurred? PO Box 11743 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Wilmington DE 19850 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Credit Card Is the claim subject to offset? **☑** No ☐ Yes 4.20 \$300.00 Majestic Lake Financial Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 635 Highway 20-K As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed **Upper lake** CA 95485 7IP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Payday loan Is the claim subject to offset? No Yes

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Debtor 1	Annie		C	Johnson Case number (if known)	
	First Name		Middle Name	Last Name	
Part 2:	Vour NO	NDDIC	DITY Uncocu	red Claims Continuation Page	
Part 2.	Tour NO	NPRIC	KITT UIISECU	reu Ciainis Continuation Page	
	•	on this p	age, number the	m sequentially from the	Total claim
previous p	oage.				
4.21					\$600.00
Masseys				Last 4 digits of account number	
Nonpriority C 128 W. Ri	reditor's Name			When was the debt incurred?	
Number	Street			As of the date you file, the claim is: Check all that apply.	
				_ Contingent	
				Unliquidated	
Chippewa	a Falls	WI	54729	─	
City		State	ZIP Code	Type of NONPRIORITY unsecured claim:	
	red the debt?	Check	cone.	☐ Student loans	
لت	· 2 only			Obligations arising out of a separation agreement or divorce	
ш	1 and Debtor 2	only		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At leas	st one of the deb	otors and	l another	Other. Specify	
☐ Check	if this claim is	for a co	mmunity debt	Credit Card	
Is the clair	m subject to of	fset?			
<b>☑</b> No					
Yes					
4.22					<b>*</b>
ـــــا	Avenue			Last 4 digits of account number	\$600.00
Seventh A Nonpriority C	Creditor's Name			Last 4 digits of account number	
1112 7th	Avenue			When was the debt incurred?	
Number	Street			As of the date you file, the claim is: Check all that apply.  —   Contingent	
				Unliquidated	
		\A/I	50500	Disputed	
Monroe City		State	<b>53566</b> ZIP Code	Time of NONDRIORITY impossioned eleimi	
•	red the debt?	Check		Type of NONPRIORITY unsecured claim:  ☐ Student loans	
✓ Debtor	1 only			☐ Obligations arising out of a separation agreement or divorce	
ш	· 2 only			that you did not report as priority claims	
	· 1 and Debtor 2 st one of the deb		l another	☐ Debts to pension or profit-sharing plans, and other similar debts	
_	if this claim is			✓ Other. Specify	
ш			minumity debt	Store account	
✓ No	m subject to of	1361:			
Yes					
4.23					\$600.00
Stoneber				Last 4 digits of account number	
PO Box 2	Creditor's Name			When was the debt incurred?	
Number	Street			As of the date you file, the claim is: Check all that apply.	
				_ Contingent	
				☐ Unliquidated ☐ ☐ Disputed	
Monroe		WI	53566-8020		
City Who incur	rad the debte	State	ZIP Code	Type of NONPRIORITY unsecured claim:	
wno incur ✓ Debtor	red the debt? 1 only	Check	. OHE.	Student loans	
لت ا	· 2 only			Obligations arising out of a separation agreement or divorce	
_	1 and Debtor 2	-		that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
_	t one of the deb			Other. Specify	
☐ Check	if this claim is	for a co	mmunity debt	Other	
	m subject to of	fset?			
✓ No Yes					
1 1 165					

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Debtor 1	Annie	С	Johnson	Case number (if known)	
	First Name	Middle Name	Last Name		

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
nom runt r	6b.	Taxes and certain other debts you owe the government	6b.	\$402.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. 👍	\$4,000.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d.	\$4,402.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. <b>4</b>	\$18,944.74
	6j.	Total. Add lines 6f through 6i.	6j.	\$18,944.74

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Fill in this in	nformation to i	dentify your case	:			
Debtor 1	Annie First Name	<b>C</b> Middle Name	<b>Johnson</b> Last Name			
Debtor 2 (Spouse, if filing	a) First Name	Middle Name	Last Name			
				1016		
United States E	Bankruptcy Court to	r the: <b>NORTHERN D</b>	ISTRICT OF ILLIN	<u>OIS</u>		
Case number (if known)					Check if this is an amended filing	
Official For	m 106G					
Schedule (	 G: Executory	/ Contracts an	d Unexpired	Leases		
□ No. CI	heck this box and fi		urt with your other so		hing else to report on this form A/B: Property (Official Form 10	
is for (for e	•	cle lease, cell phone).	•		tate what each contract or leat truction booklet for more exam	
Person	or company with v	whom you have the co	ontract or lease	State what the co	ntract or lease is for	
Name	t Seven Bridges ouble Eagle Dr.			_ Apt. Lease		
Number	Street			_		
Woodri	idge	IL	60517	_		
City	_	State	ZIP Code	_		

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Fill in this in	formation to	identify your case		
Debtor 1	Annie	С	Johnson	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court f	or the: <b>NORTHERN D</b>	ISTRICT OF ILLINOIS	
Case number	, ,			
(if known)				Check if this is an amended filing
065 1 1 5	40011			
Official Form				
Schedule H	: Your Cod	lebtors		12/1
1. Do you have	any codebtors	? (If you are filing a joi	nt case, do not list either s	pouse as a codebtor.)
	st 8 years, have	you lived in a commu	nity property state or terr	ritory? (Community property states and territories
		aho, Louisiana, Nevada	New Mexico, Puerto Rico	, Texas, Washington, and Wisconsin.)
	to line 3. d your spouse, fo	ormer spouse, or legal e	quivalent live with you at th	ne time?
□ No □ Yes		, ,	,	
3. In Column 1, person show creditor on \$	list all of your or in line 2 agai Schedule D (Off	n as a codebtor only if	that person is a guaranto dule E/F (Official Form 10	debtor if your spouse is filing with you. List the or or cosigner. Make sure you have listed the 06E/F), or <i>Schedule G</i> (Official Form 106G). Use
Column 1.	Your codebto	r		Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
	raem, sister			- ☑ Schedule D, line 2.1
Name				- ☑ Schedule D, line <u>2.1</u> - ☐ Schedule E/F, line
Number	Street			<u></u>
				- ☐ Schedule G, line Regional Acceptance Corp.
City		State	ZIP Code	-

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G	ill in this inform	ation to identif	y your case:								
	Debtor 1	Annie	С	Johnson							
	Debior 1	First Name	Middle Name	Last Name	<u>'</u>		Ch	eck if	this is:		
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			_	An	amended filing		
	United States Bankru	inter Court for the:	NORTHERN	DISTRICT OF IL	I INC	ois		As	upplement showir	ng postpe	tition
	Case number	apicy court for the.						cha	pter 13 income as	s of the fo	ollowing date:
	(if known)				_			MM	1 / DD / YYYY		
0	fficial Form 10	<u>61</u>									
S	chedule I: You	ur Income									12/15
res inc ab yo	as complete and ac sponsible for supply clude information ab out your spouse. If ur name and case no	ing correct inform out your spouse. more space is nee	ation. If you are If you are separ ded, attach a se Answer every c	e married and not rated and your spo parate sheet to th	filing ouse	jointly is not	/, and you filing with	spou	use is living with do not include in	you, formatio	n
1.	Fill in your employ		•								
	information.  If you have more the	aan one		Debtor 1				D	ebtor 2 or non-fil	ing spou	ise
	job, attach a separa		yment status	✓ Employed					Employed		
	with information ab			☐ Not employe	ed				Not employed		
	additional employe	Occup	ation	Data Entry							
	Include part-time, s or self-employed w		yer's name	First Transit Ir	ıc.						
	Occupation may instudent or homema applies.	-inpio	yer's address	Number Street	et, Su	iite 12	200	— <u>N</u>	umber Street		
				Cincinnati		OH State	<b>45202</b> Zip Code	— — — <del>_</del> Ci	itv.	State	Zip Code
		How I	ang amployed t	_		State	Zip Code	O.	ity	State	Zip Code
			ong employed ti		)		_				
Ŀ	Part 2: Give D	etails About Mo	onthly Incom	e							
	timate monthly inco n-filing spouse unless			<b>n.</b> If you have noth	ing to	report	t for any lin	e, writ	te \$0 in the space	. Include	your
	ou or your non-filing on need more space, a			er, combine the info	ormat	ion for	all employe	ers fo	r that person on th	ne lines b	elow. If
						For D	Debtor 1		For Debtor 2 or non-filing spous	<u>e_</u>	
2.		s wages, salary, and . If not paid monthl			2.		\$3,026.83	-			
3.	Estimate and list I	monthly overtime p	oay.		3.	+	\$0.00	_			
4.	Calculate gross in	come. Add line 2	+ line 3.		4.		\$3,026.83				

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Deb	tor 1	Annie	С	Johnson			_ Case nu	ımbe	r (if know	/n)			
		First Name	Middle Name	Last Name		For I	Debtor 1		or Debto	or 2 or spouse			
	Cop	v line 4 here		<b></b>	4.		\$3,026.83				_		
5.	-	all payroll ded		······································			<del>••,•=•.••</del>		-				
0.			e, and Social Security de	eductions	5a.		\$606.67						
			ontributions for retireme		5b.		\$0.00						
		=	ntributions for retiremen		5c.	_	\$182.00						
		-	ayments of retirement fu	•	5d.	_	\$0.00		-				
	5e.		ayments of retirement is	ina iouns	5e.		\$184.17						
	5f.		oport obligations		5f.		\$0.00						
	5q.	Union dues	oport obligations		5g.		\$0.00						
	•	Other deduct	ions		Jy.	_	Ψ0.00						
	JII.	Specify:			5h. <b>⊀</b>	<b>-</b>	\$0.00						
6.	<b>Add</b> 5g +		eductions. Add lines 5a	a + 5b + 5c + 5d + 5e + 5f +	6.		\$972.84						
7.	Calc	culate total mo	onthly take-home pay.	Subtract line 6 from line 4.	7.		\$2,053.99						
8.	List	all other inco	me regularly received:										
	8a.		rom rental property and offession, or farm	from operating a	8a.		\$0.00						
		gross receipts	ment for each property an s, ordinary and necessary hly net income.	· ·									
	8b.	Interest and o	dividends		8b.		\$0.00						
	8c.		ort payments that you, a gularly receive	non-filing spouse, or a	8c.		\$0.00						
			ny, spousal support, child ment, and property settlen										
	8d.	Unemployme	nt compensation		8d.		\$0.00						
		Social Securi	•		8e.		\$0.00						
	8f.		ment assistance that yo	u regularly receive		-	7						
		cash assistan	assistance and the value ( ce that you receive, such er the Supplemental Nutrit bsidies.	as food stamps									
		Specify:			8f.		\$0.00						
	8g.	Pension or re	etirement income		8g.		\$0.00						
	8h.	Other monthl	y income.										
		Specify: Ave	erage net Part-time job	)	8h. 🖣	٠	\$600.00						
9.	Add	all other inco	<b>me.</b> Add lines 8a + 8b +	8c + 8d + 8e + 8f + 8g + 8h.	9.		\$600.00						
10.			r income. Add line 7 + lir	ne 9. ebtor 2 or non-filing spouse.	10.		\$2,653.99	+[			=[	\$2,653	3.99
11.	Inclu		ns from an unmarried part	expenses that you list in Soner, members of your househ			ependents, yo	ur ro	ommates	s, and oth	ner		
	Do r	not include any	amounts already included	d in lines 2-10 or amounts that	t are r	not av	ailable to pay	expe	enses list	ed in Scl	hedu	le J.	
	Sno	cify:								11.	+	2.2	0.00
	Spe	cify:								- '''			
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.  12. \$2,653.99\$  Combined												
13.	Doy	you expect an	increase or decrease wi	thin the year after you file t	his fo	rm?					m	onthly inc	ome
	$\square$	No.	None.	<del>-</del>									
		Yes. Explain:											

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F	ill in this inform	nation to identi	fy your case:			Oh.	. a.l. :£ 41a:a	· ia.			
						Check if this is:					
	Debtor 1	Annie First Name	Middle Name	Last Nan		믐		postpetition			
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Nan				r 13 expenses a ng date:	as of the		
									<u> </u>		
l	United States Bankr Case number	ruptcy Court for the:	NORTHERN D	ISTRICT OF	ILLINOIS		MM / D	D / YYYY			
l	(if known)										
<u>Of</u>	ficial Form 10	<u>)6J</u>									
Sc	chedule J: Yo	our Expense	s						12/15		
cor	rect information. I	f more space is ne	eded, attach anoth wer every question	ner sheet to th	ng together, both ar nis form. On the top						
1.	Is this a joint cas	e?									
2.	_ No	Sebtor 2 live in a sets. Debtor 2 must file endents?		J-2, Expenses	for Separate Housel  Dependent's relati  Debtor 1 or Debtor	onshi		2.  Dependent's age	Does dependent live with you?  No Yes No Yes No Yes No Yes No Yes No No		
3.	Do your expense expenses of peop yourself and you	ple other than	✓ No □ Yes						Yes No Yes		
Р	art 2: Estima	ate Your Ongoi	ng Monthly Ex	oenses							
to r		of a date after the		-	e using this form as supplemental Sche						
	lude expenses paid th assistance and h							Your expens	ses		
4.	The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.							4	\$1,167.00		
	If not included in	line 4:									
	4a. Real estate ta	axes					4	4a			
	4b. Property, hon	neowner's, or renter	's insurance				4	4b			
	4c. Home mainte	enance, repair, and	upkeep expenses				4	4c			
		s association or con						4d.			

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Debtor 1 Annie Johnson Case number (if known) Middle Name First Name Last Name Your expenses Additional mortgage payments for your residence, such as home equity loans 5. **Utilities:** 6a. Electricity, heat, natural gas 6a. \$220.00 6b. Water, sewer, garbage collection 6b. \$60.00 6c. Telephone, cell phone, Internet, satellite, and 6c. \$50.00 cable services 6d. 6d. Other. Specify: cell phone \$75.00 Food and housekeeping supplies 7. \$300.00 Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. \$100.00 10. Personal care products and services 10. 11. Medical and dental expenses 11. \$50.00 12. Transportation. Include gas, maintenance, bus or train 12. \$100.00 fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, 13. \$26.00 magazines, and books 14. Charitable contributions and religious donations 14 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. 15c. Vehicle insurance \$85.00 15c 15d. Other insurance. Specify: 15d. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 half of car payment 17a. \$220.00 17b. Car payments for Vehicle 2 17b 17c. Other. Specify: \_\_\_ 17c. 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as 18. deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 19.

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Deb	tor 1	Annie	С	Johnson	Case number (if kno	wn)
		First Name	Middle Name	Last Name		
20.		er real property e edule I: Your Inc		lines 4 or 5 of this form or	on	
	20a.	Mortgages on	other property		20a.	
	20b.	Real estate tax	œs		20b.	
	20c.	Property, home	eowner's, or renter's insura	nce	20c.	
	20d.	Maintenance, r	repair, and upkeep expense	es	20d.	
	20e.	Homeowner's a	association or condominiur	n dues	20e.	
21.	Othe	er. Specify:			21.	+
22.	Calc	ulate your mont	thly expenses.			
	22a.	Add lines 4 thr	ough 21.		<b>22a</b> .	\$2,453.00
	22b.	Copy line 22 (r	nonthly expenses for Debto	or 2), if any, from Official Forr	m 106J-2. 22b.	
	22c.	Add line 22a a	nd 22b. The result is your	monthly expenses.	22c.	\$2,453.00
23.	Calc	ulate your mont	thly net income.			
	23a.	Copy line 12 (y	our combined monthly inco	ome) from Schedule I.	23a.	\$2,653.99
	23b.	Copy your mor	nthly expenses from line 22	c above.	23b.	\$2,453.00
	23c.	Subtract your r The result is yo	monthly expenses from you our monthly net income.	r monthly income.	23c.	\$200.99
24.	Do y	ou expect an in	crease or decrease in you	ur expenses within the year	after you file this form?	
	payn			our car loan within the year on odification to the terms of you	or do you expect your mortgage our mortgage?	
		Yes. Explain he None.	re:			

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Fill in this inf	Fill in this information to identify your case:							
Debtor 1	Annie	С	Johnson					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS					
Case number								
(if known)								
Official Form	106Sum							

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$16,570.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$16,570.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$17,379.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$4,402.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$18,944.74
	Your total liabilities	\$40,725.74
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$2,653.99
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$2,453.00

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Debtor 1		Annie C Johnson Case number (if known) First Name Middle Name Last Name							
Part 4: Answer These Questions for Administrative and Statistical Records									
ŝ.	Are y	ou filing for bar	nkruptcy under Chapter	s 7, 11, or 13?					
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes								
7.	What	kind of debt do	you have?						
			•		e those "incurred by an individual primarily 8-9g for statistical purposes. 28 U.S.C. §	•			
	_		not primarily consumer court with your other sche		ng to report on this part of the form. Chec	k this box and submit			
3.			of Your Current Month! Line 11; OR, Form 122B		tal current monthly income from C-1 Line 14.	\$3,606.00			
9.	Сору	the following s	pecial categories of cla	ims from Part 4, line 6	of Schedule E/F:				
					Total claim				

From Part 4 on Schedule E/F, copy the following:								
9a. Domestic support obligations. (Copy line 6a.)	\$0.00							
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$402.00							
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00							
9d. Student loans. (Copy line 6f.)	\$0.00							
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00							
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00							
9g. <b>Total.</b> Add lines 9a through 9f.	\$402.00							

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			•	
Fill in this int	formation to i	dentify your case	:	
Debtor 1	Annie First Name	C Middle Name	Johnson Last Name	_
Debtor 2 (Spouse, if filing)	\ Eiret Namo	Middle Name	Last Name	_
United States Ba	ankruptcy Court fo	or the: NORTHERN D	ISTRICT OF ILLINOIS	_
Case number (if known)				Check if this is an amended filing
Official Form	106Dec			
		ndividual Debt	or's Schedules	12/15
	isonment for up	to 20 years, or both.	18 U.S.C. §§ 152, 1341, 1519	), and 3571.
		someone who is NOT	an attorney to help you fill o	out bankruptcy forms?
Yes. N	ame of person			Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).
Under penalt		eclare that I have read	the summary and schedule	es filed with this declaration and that they are

Signature of Debtor 2

MM / DD / YYYY

Date

Annie C Johnson, Debtor 1

MM / DD / YYYY

Date 11/01/2016

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Fill in this	information to i	dentify your case	:		
Debtor 1	Annie	С	Johnson		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if fili	ing) First Name	Middle Name	Last Name		
United States	Bankruptcy Court fo	or the: NORTHERN D	DISTRICT OF ILLINOIS		
Case number				<b>–</b>	
(if known)				Check if this is an amended filing	
Official Fo	rm 107				
		Affaira far Ind	lividuals Filing for Ba	aleumtare	04/
			gg		
	•		separate sheet to this form. On	th are equally responsible for supplying the top of any additional pages, write	
Part 1:	d case number (if king the control of the control o	e is needed, attach a nown). Answer every out Your Marital S	separate sheet to this form. On	the top of any additional pages, write	
Part 1:	d case number (if kees)  Give Details Ab  our current marital	e is needed, attach a nown). Answer every out Your Marital S	separate sheet to this form. On question.	the top of any additional pages, write	
Part 1:  1. What is you Married Not m  2. During the	d case number (if king case nu	e is needed, attach a nown). Answer every out Your Marital S status?	separate sheet to this form. On question.	the top of any additional pages, write	
Part 1:  1. What is you Marrie Not m  2. During the	d case number (if keep discovered by the discove	ee is needed, attach a nown). Answer every  out Your Marital S  status?	separate sheet to this form. On question.  Status and Where You Live	the top of any additional pages, write	
Part 1:  1. What is you Marrie Not m  2. During the Yes. I	d case number (if king case nu	ee is needed, attach a nown). Answer every out Your Marital S status?  you lived anywhere of you lived in the last 3 you ever live with a spo	separate sheet to this form. On question.  Status and Where You Live other than where you live now?  years. Do not include where you live ouse or legal equivalent in a continuous or legal equivalent in a contin	the top of any additional pages, write	

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		Annie First Name	C Middle Name	Johnson Last Name	Case nur	umber (if known)		
Par			e Sources of Yo					
F	ill in the	total amount	of income you receive	ent or from operating a bu ved from all jobs and all bus ncome that you receive toge	inesses, including part		endar years?	
[ 5	□ No ☑ Yes.	Fill in the det	ails.					
				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	<b>Gross income</b> (before deductions and exclusions	
		y 1 of the curi filed for bank	rent year until ruptcy:	<ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$30,745.00	<ul><li>Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>		
		<b>alendar year:</b> December 31,		<ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$38,000.00	<ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>		
		dar year befo December 31,		<ul><li>✓ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>	\$42,000.00	<ul><li></li></ul>		
Ir u a	nclude ir inemplo	ncome regardl yment; and oth bling and lotte	ess of whether that in the public benefit pay	yments; pensions; rental inc	s of other income are ome; interest; dividend	alimony; child support; Socials; money collected from law eceived together, list it only c	suits; royalties;	
5	<b>√</b> No	source and the		n each source separately.  C	Oo not include income	that you listed in line 4.		

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Deb	otor 1	Annie	C	Johnson	Case number (if known)						
		First Name	Middle Name	Last Name							
P	art 3:	List Cer	tain Payments You	u Made Before You Fil	ed for Bankruptcy						
6.	Are eith	er Debtor 1	er Debtor 1's or Debtor 2's debts primarily consumer debts?								
	□ No.	No. <b>Neither Debtor 1 nor Debtor 2 has primarily consumer debts</b> . <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."									
		During th	e 90 days before you file	ed for bankruptcy, did you pa	y any creditor a total of \$6,425* or more?						
		□ No. G	Go to line 7.								
		_	total amount you paid th	nat creditor. Do not include p	66,425* or more in one or more payments and the ayments for domestic support obligations, such as nents to an attorney for this bankruptcy case.						
		* Subject	to adjustment on 4/01/1	9 and every 3 years after tha	at for cases filed on or after the date of adjustment.						
	<b>√</b> Yes	Debtor 1	or Debtor 2 or both ha	ve primarily consumer deb	ts.						
		During th	e 90 days before you file	ed for bankruptcy, did you pa	y any creditor a total of \$600 or more?						
		☑ No. G	Go to line 7.								
			creditor. Do not include		\$600 or more and the total amount you paid that sort obligations, such as child support and alimony. bankruptcy case.						
7.	Insiders corporat agent, in	include you ions of whic acluding one	ır relatives; any general   ch you are an officer, dire	partners; relatives of any ger ector, person in control, or ov	ent on a debt you owed anyone who was an insider? Internal partners; partnerships of which you are a general partner; Internal partners; and any managing U.S.C. § 101. Include payments for domestic support obligations						
	✓ No ☐ Yes	. List all pay	yments to an insider.								
8.		year befor d an inside	•	otcy, did you make any pay	ments or transfer any property on account of a debt that						
	Include	payments or	n debts guaranteed or co	osigned by an insider.							
	✓ No ☐ Yes	. List all pay	yments that benefited an	n insider.							
			Laural Antinua Da		- No summa						
Р	art 4:	Identity	Legal Actions, Re	possessions, and For	eciosures						
9.	List all s	uch matters			y lawsuit, court action, or administrative proceeding? s, divorces, collection suits, paternity actions, support or custody						
	✓ No ☐ Yes	. Fill in the o	details.								

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Deb	otor 1	Annie First Name	C Middle Name	Johnson Last Name	Case number (if kr	nown)			
10.	seized,	1 year before yo or levied?		otcy, was any of your prope	rty repossessed, foreclosed	l, garnished, attach	ed,		
	_	Go to line 11.  S. Fill in the infort	mation below.						
11.	<ul> <li>Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?</li> </ul>								
	☑ No	s. Fill in the detai	ils.						
12.	2. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?								
	✓ No ☐ Yes	6							
Ρ	art 5:	List Certair	n Gifts and Con	tributions					
13.	Within	2 years before y	ou filed for bankru	ptcy, did you give any gifts	with a total value of more t	han \$600 per perso	n?		
	☑ No ☐ Yes	s. Fill in the detai	ils for each gift.						
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?								
	✓ No ☐ Yes	s. Fill in the detai	ils for each gift or co	ontribution.					
P	art 6:	List Certair	n Losses						
15.		1 year before yo lisaster, or gamb	•	etcy or since you filed for b	ankruptcy, did you lose anyt	thing because of th	eft, fire,		
	☑ No □ Yes	s. Fill in the detai	ils.						
P	art 7:	List Certair	n Payments or	Transfers					
16.	anyone	you consulted	about seeking ban	kruptcy or preparing a ban					
		any attorneys, ba	ankruptcy petition p	eparers, or credit counseling	agencies for services require	ed for your bankrupto	cy.		
	☐ No ✓ Yes	s. Fill in the detai	ils.						
	hcours	<b>es.com</b> Vas Paid		Description and value of a credit counseling	any property transferred	Date payment or transfer was made	Amount of payment		
Num	nber Str	reet				12/04/2015	\$9.95		
							-		
City		Sta	ate ZIP Code						
Ema	il or websi	te address							
Doro	on Who N	lade the Dayment if	Not Vou						

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Debt	or 1	Annie First Name		C Middle Name	Johnson Last Name	Case number (if k	nown)	
Robert J. Adams & Associates Person Who Was Paid  901 W. Jackson, Suite 202  Number Street				Description and value of any p \$400 received and applied case		Date payment or transfer was made 10/31/2016	Amount of payment	
Chic City	ago		IL State	<b>60607</b> ZIP Code				
Email	or webs	ite address						
Perso	n Who N	Made the Payme	ent, if Not	You	-			
	anyono Do not M No	e who promis include any p	sed to h ayment	elp you deal w	otcy, did you or anyone else act ith your creditors or to make pa you listed on line 16.		• • •	perty to
	<b>proper</b> Include	ty transferre both outright	d in the transfe	ordinary cour	uptcy, did you sell, trade, or othese of your business or financial made as security (such as grantiave already listed on this statements)	affairs?  ng of a security interest of		
	✓ No □ Ye	s. Fill in the o	letails.					
	you ar ☑ No	e a beneficia	ry? (¯		ruptcy, did you transfer any pro called asset-protection devices.)	perty to a self-settled tr	rust or similar devic	ce of which
Da	rt 8:			inancial Acc	ounts, Instruments, Safe	Denosit Boyes and	1 Storage Units	
20.	<b>Within</b> <b>benefi</b> t	1 year before t, closed, sole e checking, sa	e you fi d, move vings, r	led for bankruped, or transferr	otcy, were any financial accoun	ts or instruments held i	n your name, or for	
	Do you	s. Fill in the our now have, our ties, cash	or did y	ou have within er valuables?	1 year before you filed for bank	ruptcy, any safe depos	sit box or other depo	ository
	☑ No □ Ye	s. Fill in the o	letails.					

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Deb	tor 1	Annie First Name	C Middle Name	Johnson Last Name	Case number (if known)
	☑ No	ou stored property in  Fill in the details.	n a storage unit or pl		hin 1 year before you filed for bankruptcy?
23.	•	hold or control any in trust for someone		one else owns? Include any p	roperty you borrowed from, are storing for,
	✓ No ☐ Yes	. Fill in the details.			
Pa	art 10:	Give Details Al	bout Environmer	ntal Information	
or	the purp	ose of Part 10, the f	ollowing definitions	apply:	
ł	nazardou	s or toxic substance	e, wastes, or materia	•	cerning pollution, contamination, releases of ce water, groundwater, or other medium, wastes, or material.
		-		defined under any environmen uding disposal sites.	atal law, whether you now own, operate, or
				nental law defines as a hazard ninant, or similar item.	lous waste, hazardous substance, toxic
₹ер	ort all no	otices, releases, and	l proceedings that yo	ou know about, regardless of	when they occurred.
24.	Has any law?	y governmental unit	notified you that you	u may be liable or potentially l	iable under or in violation of an environmental
	✓ No ☐ Yes	. Fill in the details.			
25.	✓ No	ou notified any gove	rnmental unit of any	release of hazardous materia	1?
26.	Have you	ou been a party in ar	ny judicial or adminis	strative proceeding under any	environmental law? Include settlements and
	✓ No ☐ Yes	. Fill in the details.			

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Deb	otor 1	Annie	С	Johnso		Case number (if known)		
		First Name	Middle Name	Last Nam	е			
Ρ	art 11:	Give Detai	ils About Your B	usiness or C	Connections to A	Any Business		
27.	Within 4	•	you filed for bankru	ptcy, did you o	wn a business or ha	ave any of the following connections to any		
		A member of a A partner in a An officer, dire	a limited liability comp partnership ector, or managing ex	ecutive of a cor	nited liability partners			
	ب ا				low for each busines	s.		
28.					ive a financial state	ment to anyone about your business? Include		
	□ No □ Yes	:. Fill in the deta	ails below.					
Р	art 12:	Sign Belov	w					
that pro or t	t answers perty by ooth. 18	s are true and fraud in conne U.S.C. §§ 152,	correct. I understan ection with a bankru	d that making a otcy case can r	a false statement, co	oncealing property, or obtaining money or		
,	Annie C J	Johnson, Debto	r 1	Sign	ature of Debtor 2			
I	Date	11/01/2016	-	Date				
Did	you atta	ch additional p	pages to Your Staten	ent of Financi	al Affairs for Individ	uals Filing for Bankruptcy (Official Form 107)?		
	No Yes							
Did	you pay	or agree to pa	y someone who is n	ot an attorney	to help you fill out b	ankruptcy forms?		
	No Yes. Na	me of person _				Attach the Bankruptcy Petition Preparer's Notice,		
		Yes. Check all that apply above and fill in the details below for each business.  Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.  No Yes. Fill in the details below.  It 12: Sign Below  The read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or serty by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Stanie C Johnson  No The late 11/01/2016  Date  Date  You attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  No Yes  You pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?						

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
   Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

+	\$75	filing fee administrative fee trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

+		filing fee administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee

+ \$75 administrative fee

\$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers.
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to:

http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

ln	re Annie C Johnson	Case No.	
		Chapter	13
	DISCLOSURE OF COMPENSATION OF ATTO	RNEY FOR	DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the that compensation paid to me within one year before the filing of the petition in be services rendered or to be rendered on behalf of the debtor(s) in contemplation is as follows:	oankruptcy, or	agreed to be paid to me, for
	For legal services, I have agreed to accept	\$4	4,000.00
	Prior to the filing of this statement I have received		\$0.00
	Balance Due	\$4	4,000.00
2.	The source of the compensation paid to me was:  ☐ Other (specify)		
3.	The source of compensation to be paid to me is:		
	☑ Debtor ☐ Other (specify)		
4.	✓ I have not agreed to share the above-disclosed compensation with any other associates of my law firm.	er person unle	ss they are members and
	☐ I have agreed to share the above-disclosed compensation with another per associates of my law firm. A copy of the agreement, together with a list of the compensation, is attached.		
5.	In return for the above-disclosed fee, I have agreed to render legal service for a	II aspects of th	e bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debto bankruptcy;	r in determinin	g whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of affairs and pla	an which may t	pe required;
	c. Representation of the debtor at the meeting of creditors and confirmation hea	aring, and any	adjourned hearings thereof;

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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/01/2016 /s/ Robert J. Adams & Associates

Date

Robert J. Adams & Associates
Robert J. Adams & Associates
901 W. Jackson, Suite 202

Chicago, IL 60607

Phone: (312) 346-0100 / Fax: (312) 346-6228

Bar No. 0013056

/s/ Annie C Johnson

Annie C Johnson

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#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Annie C Johnson CASE NO

CHAPTER 13

#### **VERIFICATION OF CREDITOR MATRIX**

e best of his/her
-

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ACL 8901 W. Lincoln Ave Milwaukee, WI 53227

America Cash Loans 5310 N. Broadway Chicago, IL 60604

AMITA HEALTH PO BOX 7001 BOLINGBROOK, IL 60440

AMLI at Seven Bridges 6466 Double Eagle Dr. Woodridge, IL 60517

Barclays Bank Delaware 125 S. West Str. Wilmington, DE 19801

Capital One Bank Usa P.O Box 30281 Salt Lake City, UT 84130

Comenity bank/ Romans P.O.Box 182789 Columbus, OH 43218-

Comenity Bank/ Womnwth P.O.Box 182789 Columbus, OH 43218-2789

Comenity Bank/Chadwicks PO Box 182789 Columbus, OH 43218-2789

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Comenity/Jessica London P.O.Box 659728 San Antonio, TX 78265

Credit One Bank PO Box 98872 Las Vegas, NV 89193

Dupage Medical Group 135 S. LaSalle, Dept. 1860 Chicago, IL 60674

First Premier Bank P.O.Box 5519 Sioux Falls, SD 57117-5519

Harris & Harris 222 Merchandise Mart Plaza, ste. 1900 Chicago, IL 60654

Heights Finance Corp. 7707 N. Knoxville Ave Peoria, IL 61614

Hinsdale Hospital 120 N. Oak St. Hinsdale, IL 60521

Illinois Department of Revenue PO Box 19025 Springfield, IL 62794-9025

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

## Case 16-34897 Doc 1 Filed 11/01/16 Entered 11/01/16 10:19:30 Desc Main Document Page 58 of 70

Lend Up 237 Kearnu St 372 San Francisco, CA 94108

Mabt Contfin PO Box 11743 Wilmington, DE 19850

Majestic Lake Financial 635 Highway 20-K Upper lake, Ca 95485

Masseys 128 W. River St. Chippewa Falls, WI 54729

Regional Acceptance Corp. 1424 E. East Fire Tower Rd. Greenville, NC 27858

Robert J Adams & Associates 901 W Jackson, Suite 202 Chicago, IL 60607

Sarah Braem, sister

Seventh Avenue 1112 7th Avenue Monroe, WI 53566

Stoneberry PO Box 2820 Monroe, WI 53566-8020 Case 16-34897 Doc 1 Filed 11/01/16 Entered 11/01/16 10:19:30 Desc Main Document Page 59 of 70

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

IN RE: Annie C Johnson CASE NO

Debtor

SOCIAL SECURITY NO. xxx-xx-6367

CHAPTER 13

#### ORDER TO EMPLOYER TO PAY THE TRUSTEE

UPON REPRESENTATIONS OF THE TRUSTEE, OR OTHER INTERESTED PARTIES, THE COURT FINDS THAT:

The above named debtor has pending in this Court a case for adjustment of debts by an individual with regular income under the provisions of Chapter 13 of Title 11 U.S.C. and pursuant to the provisions of said statute and of the debtor's plan, the debtor has submitted all of such portion of the debtor's future earnings or other future income to the supervision and control of the trustee of this Court as may be necessary for the execution of the debtor's plan; and

That under the provisions of Title 11 U.S.C., this Court has exclusive jurisdiction of all property including the earnings from such services performed by the debtor during the pendency of this case pursuant to 11 U.S.C. § 1325(b) any entity from whom the debtor receives income shall pay all or any part of such income to the trustee as may be ordered by this Court. A portion of the debtor's earnings are necessary for the execution of the debtor's plan.

NOW, THEREFORE, IT IS ORDERED that until further order of this Court or until notice that this case has been dismissed or converted to Chapter 7 of the Bankruptcy Code is received, the employer of said debtor

First Transit Inc. 600 Vine Street, Suite 1200 Cincinnati, OH 45202

shall deduct from the earnings of the debtor the sum	of \$92.31 bi-weekly
beginning on the next payday following the receipt of period for which the debtor receives periodic or lump	this order and deduct a similar amount for each pay period thereafter, including an sum payment for or on account of vacation, termination or other benefits arising ployer shall remit forthwith the sums so deducted to the trustee appointed here or
IT IS FURTHER ORDERED, that said employe for such termination.	er notify said trustee if the employment of said debtor is terminated and the reason
provisions of any laws of the United States, the laws of	and wages of the debtor, except the amounts required to be withheld by the of any state or political subdivision, or by an insurance pension or union dues he order of this Court be paid to the aforesaid debtor in accordance with employer's
IT IS FURTHER ORDERED, that no deductions not specifically authorized by this Court be made from	s for account of any garnishment, wage assignment, credit union or other purpose n the earnings of the debtor.
IT IS FURTHER ORDERED, that this order supcause.	persedes any and all previous orders, if any, made to the subject employer in this
Date	

**United States Bankruptcy Judge** 

#### Case 16-34897 Doc 1 Filed 11/01/16 Entered 11/01/16 10:19:30 Desc Main NORTHERN DISTRICT OF ILLINOIS Document Page 60 of 70 EASTERN DIVISION (CHICAGO)

ACL 8901 W. Lincoln Ave Milwaukee, WI 53227

Credit One Bank PO Box 98872 Las Vegas, NV 89193 Majestic Lake Financial 635 Highway 20-K Upper lake, Ca 95485

America Cash Loans 5310 N. Broadway Chicago, IL 60604

Dupage Medical Group Masseys
135 S. LaSalle, Dept. 1860 128 W. River St. Chicago, IL 60674

Chippewa Falls, WI 54729

AMITA HEALTH

First Premier Bank P.O.Box 5519 PO BOX 7001 P.O.Box 5519 1424 E. East Fire Towe BOLINGBROOK, IL 60440 Sioux Falls, SD 57117-5519 Greenville, NC 27858

Regional Acceptance Corp. 1424 E. East Fire Tower Rd.

AMLI at Seven Bridges
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222 Merchandise Mart Plaza, ste
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Heights Finance Corp. 7707 N. Knoxville Ave

Sarah Braem, sister

Capital One Bank Usa Hinsdale Hospital Seventh Avenue P.O Box 30281 120 N. Oak St. 1112 7th Avenue Salt Lake City, UT 84130 Hinsdale, IL 60521 Monroe, WI 53566

Comenity bank/ Romans P.O.Box 182789 Columbus, OH 43218Illinois Department of Revenue Stoneberry PO Box 19025 Springfield, IL 62794-9025 Monroe, WI 53566-8020

PO Box 2820

Comenity Bank/ Womnwth P.O.Box 182789 Columbus, OH 43218-2789

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Comenity Bank/Chadwicks Lend Up
PO Box 182789 237 Kearnu St 372
Columbus, OH 43218-2789 San Francisco, CA 94108

Comenity/Jessica London P.O.Box 659728 San Antonio, TX 78265

Mabt Contfin PO Box 11743 Wilmington, DE 19850

IN RE: Annie C Johnson CASE NO

> CHAPTER 13

> > Scheme Selected: State

#### SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

#### **Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Motor vehicles (cars, etc.)	\$16,000.00	\$17,379.00	\$0.00	\$0.00	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$250.00	\$0.00	\$250.00	\$250.00	\$0.00
7.	Electronics	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$100.00	\$0.00	\$100.00	\$100.00	\$0.00
12.	Jewelry	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13.	Non-farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Unlisted pers. and household itemsincl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$150.00	\$0.00	\$150.00	\$150.00	\$0.00
17.	Deposits of money	\$70.00	\$0.00	\$70.00	\$70.00	\$0.00
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

IN RE: Annie C Johnson CASE NO

CHAPTER 13

#### SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

**Exemption Totals by Category:** 

TOTALS:

value	s and liens of surrendered property are NO	Total	Scheme Selected: State  Total Amount Total Amount			
No.	Category	Gross Property Value	Total Encumbrances	Equity	Exempt	Non-Exempt
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8.	Cropseither growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\$16,570.00

\$17,379.00

\$570.00

\$570.00

\$0.00

IN RE: Annie C Johnson CASE NO

CHAPTER 13

#### SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 2

#### **Surrendered Property:**

TOTALS:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description		Market Value	Lien	Equity
Real Property (None)				
Personal Property (None)				
TOTALS:		\$0.00	\$0.00	\$0.00
Non-Exempt Property by Item: The following property, or a portion thereof, is non-exempt.				
Property Description	Market Value	Lien	Equity Non-Exe	mpt Amount
Real Property (None)				
Personal Property (None)				

\$0.00

\$0.00

\$0.00

\$0.00

Summary	
A. Gross Property Value (not including surrendered property)	\$16,570.00
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$16,570.00
D. Gross Amount of Encumbrances (not including surrendered property)	\$17,379.00
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$17,379.00
G. Total Equity (not including surrendered property) / (A-D)	\$570.00
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$570.00
J. Total Exemptions Claimed	\$570.00
K. Total Non-Exempt Property Remaining (G-J)	\$0.00

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ACL 8901 W. Lincoln Ave Milwaukee, WI 53227

Majestic Lake Financial Credit One Bank Majestic Lake Financia PO Box 98872 635 Highway 20-K Las Vegas, NV 89193 Upper lake, Ca 95485

America Cash Loans

Dupage Medical Group

Masseys

5310 N. Broadway

135 S. LaSalle, Dept. 1860

Chicago, IL 60604

Chicago, IL 60674

Chippewa Falls, WI 54729

AMITA HEALTH First Premier Bank Regional Acceptance Corp.
PO BOX 7001 P.O.Box 5519 1424 E. East Fire Tower Rd.
BOLINGBROOK, IL 60440 Sioux Falls, SD 57117-5519 Greenville, NC 27858

AMLI at Seven Bridges
6466 Double Eagle Dr.
Woodridge, IL 60517

Harris & Harris
222 Merchandise Mart Plaza,
Ste. 1900
Chicago, IL 60654

Robert J Adams & Associates
901 W Jackson, Suite 202
Chicago, IL 60607

Barclays Bank Delaware Heights Finance Corp. Sarah Braem, sister 125 S. West Str. 7707 N. Knoxville Ave 125 S. West Str. 7707 N. Knoxville Wilmington, DE 19801 Peoria, IL 61614

Capital One Bank Usa Hinsdale Hospital Seventh Avenue P.O Box 30281 120 N. Oak St. 1112 7th Avenue Salt Lake City, UT 84130 Hinsdale, IL 60521 Monroe, WI 53566

Comenity bank/ Romans Illinois Department of Revenue Stoneberry P.O.Box 182789 PO Box 19025 PO Box 2820 Columbus, OH 43218- Springfield, IL 62794-9025 Monroe, WI PO Box 19025 PO Box 2820 Springfield, IL 62794-9025 Monroe, WI 53566-8020

P.O.Box 182789

Comenity Bank/ Womnwth Internal Revenue Service PO Box 7346 Columbus, OH 43218-2789 Philadelphia, PA 19101-7346

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PO Box 182789 237 Kearnu St 372
Columbus, OH 43218-2789 San Francisco, CA 94108

Comenity/Jessica London Mabt Contfin P.O.Box 659728 PO Box 11743 San Antonio, TX 78265 Wilmington, DE 19850

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Robert J. Adams & Associates, Bar No. 0013056 Robert J. Adams & Associates 901 W. Jackson, Suite 202 Chicago, IL 60607 (312) 346-0100 Attorney for the Petitioner

#### UNITED STATES BANKRUPTCY COURT FOR THE

NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)

13

Chapter:

In re:	Case No.:		
Annie C Johnson	SSN: xxx-xx-6367		
	SSN:		
Debtor(s)	Numbered Listing of Creditors		

6460 Double Eagle Dr. #322

Woodridge, IL 60517

Address:

	Creditor name and mailing address	Category of claim	Amount of claim
1.	ACL 8901 W. Lincoln Ave Milwaukee, WI 53227	Unsecured Claim	\$475.00
2.	America Cash Loans 5310 N. Broadway Chicago, IL 60604	Unsecured Claim	\$2,917.67
3.	AMITA HEALTH PO BOX 7001 BOLINGBROOK, IL 60440	Unsecured Claim	\$3,000.00
4.	Barclays Bank Delaware 125 S. West Str. Wilmington, DE 19801 xxxxxxxx2226	Unsecured Claim	\$560.00
5.	Capital One Bank Usa P.O Box 30281 Salt Lake City, UT 84130 xxxxxxxx3364	Unsecured Claim	\$653.00
6.	Capital One Bank Usa P.O Box 30281 Salt Lake City, UT 84130 xxxxxxxxx4702	Unsecured Claim	\$682.00

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in re: Annie C Johnson

	Debtor		Case No. (if known)
	Creditor name and mailing address	Category of claim	Amount of claim
7.	Comenity bank/ Romans P.O.Box 182789 Columbus, OH 43218- x0612	Unsecured Claim	\$726.00
8.	Comenity Bank/ Womnwth P.O.Box 182789 Columbus, OH 43218-2789 x0656	Unsecured Claim	\$404.00
9.	Comenity Bank/Chadwicks PO Box 182789 Columbus, OH 43218-2789	Unsecured Claim	\$358.00
10.	Comenity/Jessica London P.O.Box 659728 San Antonio, TX 78265	Unsecured Claim	\$386.00
11.	Credit One Bank PO Box 98872 Las Vegas, NV 89193 xxxxxxx2323	Unsecured Claim	\$380.00
12.	Dupage Medical Group 135 S. LaSalle, Dept. 1860 Chicago, IL 60674	Unsecured Claim	\$2,938.07
13.	First Premier Bank P.O.Box 5519 Sioux Falls, SD 57117-5519 xxxxxxxx7332	Unsecured Claim	\$457.00
14.	Harris & Harris 222 Merchandise Mart Plaza, ste. 1900 Chicago, IL 60654	Unsecured Claim	\$220.00
15.	Heights Finance Corp. 7707 N. Knoxville Ave Peoria, IL 61614	Unsecured Claim	\$949.00

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in re: Annie C Johnson

	Debtor		Case No. (if known)
	Creditor name and mailing address	Category of claim	Amount of claim
16.	Hinsdale Hospital 120 N. Oak St. Hinsdale, IL 60521	Unsecured Claim	
17.	Illinois Department of Revenue PO Box 19025 Springfield, IL 62794-9025	Unsecured Claim	\$688.00
18.	Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	Priority Claim	\$402.00
19.	Lend Up 237 Kearnu St 372 San Francisco, CA 94108	Unsecured Claim	\$300.00
20.	Mabt Contfin PO Box 11743 Wilmington, DE 19850 xxxxxxxxx0641	Unsecured Claim	\$751.00
21.	Majestic Lake Financial 635 Highway 20-K Upper lake, Ca 95485	Unsecured Claim	\$300.00
22.	Masseys 128 W. River St. Chippewa Falls, WI 54729	Unsecured Claim	\$600.00
23.	Regional Acceptance Corp. 1424 E. East Fire Tower Rd. Greenville, NC 27858	Secured Claim	\$17,379.00
24.	Robert J Adams & Associates 901 W Jackson, Suite 202 Chicago, IL 60607	Priority Claim	\$4,000.00

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	Debtor		Case No. (if known)	
	Creditor name and mailing address	Category of claim	Amount of claim	
25.	Seventh Avenue 1112 7th Avenue Monroe, WI 53566	Unsecured Claim	\$600.00	
26.	Stoneberry PO Box 2820 Monroe, WI 53566-8020	Unsecured Claim	\$600.00	
	e penalty for making a false statement or concealing p J.S.C. secs. 152 and 3571.)	property is a fine of up to \$500,000 or impris	conment for up to 5 years or both.	
l. <i>A</i>	Annie C Johnson	DECLARATION		
nan	ned as debtor in this case, declare under penalty of pensisting of4 sheets (including this declaration),		_	
ı	Debtor: /s/ Annie C Johnson	Date: 11/1/2016		

**Annie C Johnson** 

IN RE: Annie C Johnson CASE NO.

CHAPTER 13

#### **CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify that on November 1, 2016, a copy of the attached Chapter 13 Plan, with any attachments, was served on each party in interest listed below, by placing each copy in an envelope properly addressed, postage fully prepaid in compliance with Local Rules.

Date: 11/1/2016 /s/ Robert J. Adams & Associates

Robert J. Adams & Associates

Attorney for the Debtor(s)

ACL Capital One Bank Usa 8901 W. Lincoln Ave xxxxxxxx3364
Milwaukee, WI 53227 P.O Box 30281

Salt Lake City, UT 84130

Comenity/Jessica London

P.O.Box 659728 San Antonio, TX 78265

America Cash Loans 5310 N. Broadway Chicago, IL 60604 Capital One Bank Usa xxxxxxxxx4702 P.O Box 30281 Salt Lake City, UT 84130

xxxxxxx2323 PO Box 98872 Las Vegas, NV 89193

Credit One Bank

out Lake Oity, OT 04100

Dupage Medical Group

x0612 P.O.Box 182789

Comenity bank/ Romans

Columbus, OH 43218-

135 S. LaSalle, Dept. 1860 Chicago, IL 60674

Annie C Johnson

AMITA HEALTH

PO BOX 7001

6460 Double Eagle Dr. #322

**BOLINGBROOK, IL 60440** 

Woodridge, IL 60517

Comenity Bank/ Womnwth

x0656

P.O.Box 182789

Columbus, OH 43218-2789

First Premier Bank xxxxxxx7332

P.O.Box 5519

Sioux Falls, SD 57117-5519

Barclays Bank Delaware

xxxxxxxx2226 125 S. West Str.

Wilmington, DE 19801

Comenity Bank/Chadwicks

PO Box 182789

Columbus, OH 43218-2789

Harris & Harris

222 Merchandise Mart Plaza, ste. 1900

Chicago, IL 60654

IN RE: Annie C Johnson CASE NO.

CHAPTER 13

#### **CERTIFICATE OF SERVICE**

(Continuation Sheet #1)

Heights Finance Corp. 7707 N. Knoxville Ave Peoria, IL 61614 Masseys 128 W. River St. Chippewa Falls, WI 54729

Hinsdale Hospital 120 N. Oak St. Hinsdale, IL 60521 Regional Acceptance Corp. 1424 E. East Fire Tower Rd. Greenville, NC 27858

Illinois Department of Revenue PO Box 19025 Springfield, IL 62794-9025 Seventh Avenue 1112 7th Avenue Monroe, WI 53566

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Stoneberry PO Box 2820 Monroe, WI 53566-8020

Lend Up 237 Kearnu St 372 San Francisco, CA 94108

Mabt Contfin xxxxxxxx0641 PO Box 11743 Wilmington, DE 19850

Majestic Lake Financial 635 Highway 20-K Upper lake, Ca 95485